

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
KURT SCHRADER FOR CONGRESS

Mailing Address 2525 N BAKER DR

City CANBY State OR Zip Code 97013

Purpose of Disbursement  
Campaign ContributionCandidate Name  
KURT SCHRADER011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: SB23.7038

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 8

Amount of Each Disbursement this Period

5000.00

**B.** Full Name (Last, First, Middle Initial)  
LARSON FOR CONGRESS

Mailing Address 29 RUFF CIRCLE

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement  
Campaign ContributionCandidate Name  
JOHN B LARSON011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: SB23.7037

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 0 8 / 2 0 0 8

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Campaign ContributionCandidate Name  
MIKE MR. THOMPSON011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: SB23.7039

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 9 / 2 0 0 8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

6500.00

TOTAL This Period (last page this line number only) .....

6500.00